

<b>UNITED STATES DISTRICT COURT, DISTRICT OF NEW MEXICO</b>											
<b>SENTENCING MINUTE SHEET</b>											
16-289 & 16-2107 CR No: MCA				USA vs.: Atole							
Date: 2/22/17				Name of Deft: Tyson Atole							
Before the Honorable Robert A. Junell											
Time In/Out:		9:26am –9:55am				Total Time in Court (for JS10):		29 minutes			
Clerk:		C. Bevel				Court Reporter:		J. Goehl			
AUSA:		Joseph Spindle				Defendant's Counsel:		Benjamin A Gonzales			
Sentencing in:		Albuquerque, NM				Interpreter:		N/A			
Probation Officer:		Wade Miller				Interpreter Sworn?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Convicted on:		<input checked="" type="checkbox"/> Plea	<input type="checkbox"/> Verdict	As to:		<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Indictment				
If Plea:		<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	Adjudged/Found Guilty on Counts:							
If Plea Agreement:		<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> No Plea Agreement		Comments:					
Date of Plea/Verdict:		5/16/16		PSR:	<input checked="" type="checkbox"/> Not Disputed	<input type="checkbox"/> Disputed	Courts adopts PSR Findings				
Evidentiary Hrg:		<input type="checkbox"/> Not Needed	<input type="checkbox"/> Needed	Exceptions to PSR: Paragraph 61 – correct spelling Velisa							
<b>SENTENCE IMPOSED</b>				Imprisonment (BOP):		71 months (concurrent with both cause numbers)					
Supervised Release:		3 years each cause number - concurrent					Probation:				
REC	<input checked="" type="checkbox"/>	500-Hour Drug Program		BOP Sex Offender Program		Other:					
ICE	<input type="checkbox"/>	Court recommends ICE begin removal proceedings during of service of sentence							<input type="checkbox"/> ICE not applicable		
<b>SPECIAL CONDITIONS OF SUPERVISION</b>											
<input type="checkbox"/>	No re-entry without legal authorization				<input type="checkbox"/>	Home confinement for _____ months _____ days					
<input type="checkbox"/>	Comply with ICE laws and regulation				<input checked="" type="checkbox"/>	Community service for <b>40 hours</b>					
<input checked="" type="checkbox"/>	Participate in/successfully complete substance abuse program/testing				<input checked="" type="checkbox"/>	Reside halfway house 4 months _____ days					
<input checked="" type="checkbox"/>	Participate in/successfully complete mental health program				<input type="checkbox"/>	Register as sex offender					
<input checked="" type="checkbox"/>	Refrain from use/possession of alcohol/intoxicants				<input type="checkbox"/>	Participate in sex offender treatment program					
<input checked="" type="checkbox"/>	Submit to search of person/property				<input type="checkbox"/>	Possess no sexual material					
<input checked="" type="checkbox"/>	No contact with victim(s) and/or co-defendant(s)				<input type="checkbox"/>	No computer with access to online services					
<input type="checkbox"/>	No entering or loitering near victim's residence				<input type="checkbox"/>	No contact with children under 18 years					
<input type="checkbox"/>	Provide financial information				<input type="checkbox"/>	No volunteering where children supervised					
<input type="checkbox"/>	Grant limited waiver of confidentiality				<input type="checkbox"/>	Restricted from occupation with access to children					
<input type="checkbox"/>	Refrain from use and possession of synthetic cannabinoids, etc.				<input type="checkbox"/>	No loitering within 100 feet of school yards					
<input type="checkbox"/>	No possession of a firearm, ammunition, destructive device or any other dangerous weapon				<input checked="" type="checkbox"/>	Participate in an educational or vocational program approved by the Probation Officer					
<input checked="" type="checkbox"/>	OTHER: Anger Management										
Fine: \$		0.00			Restitution: \$		None claimed at this time				
SPA: \$		200.00 (100.00 each cause number)			Payment Schedule:		<input checked="" type="checkbox"/>	Due Immediately		<input type="checkbox"/>	Waived
OTHER:											
<input type="checkbox"/>	Advised of Right to Appeal			<input checked="" type="checkbox"/>	Waived Appeal Rights per Plea Agreement						
<input checked="" type="checkbox"/>	Held in Custody			<input type="checkbox"/>	Voluntary Surrender						
<input checked="" type="checkbox"/>	Recommended place(s) of incarceration: BOP Florence Colorado										
<input type="checkbox"/>	Dismissed Counts:										
OTHER COMMENTS: Defendant addresses Court Victim addresses Court –Serena Cachucha Mr. Spindle requests high end of guideline range, 71 months.											